

**KINSHIP CARE: CASE DATA COLLECTION**

**Use of this form:** Completion of this form is required by the State/County/Tribal contract. The State of Wisconsin is required by 45 CFR Parts 270-275 to report to the Federal Administration for Children and Families (ACF) on all use of Temporary Assistance to Needy Families (TANF) funds. TANF funds are currently used to fund payments for children in Kinship Care; therefore, Kinship Care data must be reported to ACF. Additionally, the Wisconsin Department of Public Instruction (DPI), under Section 1113 of Title 1, requires information on TANF payments. All information will be used only for federal reporting and Departmental decision making. Any personally identifiable information is considered confidential and will be used only to match with other agencies to help ensure that federal reporting does not contain any duplication of data. Counties and Tribes should make clients aware that provision of their social security number is voluntary, but that if it is not provided, it may result in inaccuracies in record-keeping and delay the payments. (Refer to Numbered Memo DCFS-99-07 for reporting penalty statements.)

Please check appropriate action:

- ☐ **Add Case** Check when an entirely new case needs to be reported. A "case" is defined by the relative caregiver. Give as complete information as possible.
- NOTE: When a caregiver family moves to a different county:
- If the original county remains responsible for Kinship payments, that county should submit an "Update" with new address information.
  - If the new county becomes responsible for Kinship payments, the original county should submit a "Terminate Payment" form and the new county should submit an "Add Case" form.
- ☐ **Add Child** Check when one or more children are to be added to an existing case. Complete known "Case Information" and items 5 and 6 to ensure that the new child is being added to the correct case.
- ☐ **Update** Check when any data previously reported needs to be changed or when previously terminated payments are to be re-started. Complete known "Case Information" and items 5 and 6 to ensure that the correct case is updated. The only other information that must be completed is the information that is being changed. To re-start previously terminated payments, complete the "Start Date" in Section E.
- ☐ **Terminate Payment** Check when a child's payments are stopped. Complete known "Case Information" and items 5 and 6 to ensure that the correct child's payment is terminated. Complete Section E.

**PART A**

Name - Person completing this form (optional)	Date Form Completed
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**A. Case Information**

1. Kinship Care Case Number <i>(Enter the number assigned by DHFS and provided to the Kinship Care Agency which is used on "Add Child", "Update", and "Terminate Payment" submittals.)</i>	2. CARES Case Number <i>(Complete if the relative caregiver currently has an assigned case number in CARES.)</i>
3. County or Tribe Name <i>(Agency responsible for Kinship Care payment.)</i>	4. County/Tribe Case Number <i>(Complete if the relative caregiver currently has an assigned County or Tribe case number.)</i>

**B. Caregiver Information**

5. Name - Last	First	MI	6. Birthdate (mm /dd /yyyy)
7. Street Address	City	State	Zip Code
			8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

<p>9. Applicant's Ethnicity - Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Applicant's Race - Check up to 3</p> <p><input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other</p>		<p>10. Number of current residents in caregiver home. <i>(Include any child for whom a Kinship Care payment is being made.)</i></p> <hr/> <p>11. Social Security Number</p>	
<p>12. Relative Household Type</p> <p><input type="checkbox"/> Single female <input type="checkbox"/> Single female with unrelated partner <input type="checkbox"/> Single male <input type="checkbox"/> Single male with unrelated partner <input type="checkbox"/> Married couple <input type="checkbox"/> Other <input type="checkbox"/> Unable to determine</p>	<p>13. Marital Status</p> <p><input type="checkbox"/> Single, never married <input type="checkbox"/> Married, living together <input type="checkbox"/> Married, but separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown</p>		
<p>14. Educational level. Use the following codes to complete this item.</p> <p>Use the following boxes as appropriate: <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></span></p> <table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top; padding: 5px;"><p>01-11 Grade level completed in primary/secondary school including secondary level vocational school or adult high school. <b>Enter the last grade completed.</b></p><p>12 High school diploma, GED or National External Diploma Program</p><p>13 Awarded Associate's Degree</p><p>14 Awarded Bachelor's Degree</p></td><td style="width: 50%; vertical-align: top; padding: 5px;"><p>15 Awarded graduate degree (Master's or higher)</p><p>16 Other credentials (degree, certificate, diploma, etc.)</p><p>98 No formal education</p><p>99 Unknown</p></td></tr></table>		<p>01-11 Grade level completed in primary/secondary school including secondary level vocational school or adult high school. <b>Enter the last grade completed.</b></p> <p>12 High school diploma, GED or National External Diploma Program</p> <p>13 Awarded Associate's Degree</p> <p>14 Awarded Bachelor's Degree</p>	<p>15 Awarded graduate degree (Master's or higher)</p> <p>16 Other credentials (degree, certificate, diploma, etc.)</p> <p>98 No formal education</p> <p>99 Unknown</p>
<p>01-11 Grade level completed in primary/secondary school including secondary level vocational school or adult high school. <b>Enter the last grade completed.</b></p> <p>12 High school diploma, GED or National External Diploma Program</p> <p>13 Awarded Associate's Degree</p> <p>14 Awarded Bachelor's Degree</p>	<p>15 Awarded graduate degree (Master's or higher)</p> <p>16 Other credentials (degree, certificate, diploma, etc.)</p> <p>98 No formal education</p> <p>99 Unknown</p>		
<p>15. Employment status</p> <p><input type="checkbox"/> Employed <input type="checkbox"/> Unemployed, looking for work <input type="checkbox"/> Not in labor force</p>			

**NOTE: Part B MUST be completed for each child receiving Kinship payments while in the care of this caregiver. Staple all pages for a single case together for submittal.**